

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09682010

09/682010

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | |
|----------------------------------|--------------------------|
| TOTAL CLAIMS | 16 |
| FOR | NUMBER FILED |
| TOTAL CHARGEABLE CLAIMS | 16 - minus 20 = 0 |
| INDEPENDENT CLAIMS | 1 - minus 3 = 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OTHER THAN
SMALL ENTITY

| TYPE | RATE | FEES |
|------|-----------|--------|
| OR | BASIC FEE | 355.00 |
| OR | X5 9- | |
| OR | X40- | |
| OR | +135- | |
| OR | TOTAL | 355.00 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAINS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------|
| Total | 16 | 16 | - 00 - |
| Independent | 1 | 1 | - 00 - |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

OTHER THAN
SMALL ENTITY

| TYPE | RATE | ADDITIONAL FEE |
|------|-------|-------------------|
| OR | X5 9- | |
| OR | X40- | |
| OR | +135- | |
| OR | TOTAL | 355.00 |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

| AMENDMENT B | CLAINS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------|
| Total | - | None | = 00 - |
| Independent | - | None | = 00 - |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

OTHER THAN
SMALL ENTITY

| TYPE | RATE | ADDITIONAL FEE |
|------|-------|-------------------|
| OR | X5 9- | |
| OR | X40- | |
| OR | +135- | |
| OR | TOTAL | 355.00 |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

| AMENDMENT C | CLAINS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------|
| Total | - | None | = 00 - |
| Independent | - | None | = 00 - |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

OTHER THAN
SMALL ENTITY

| TYPE | RATE | ADDITIONAL FEE |
|------|-------|-------------------|
| OR | X5 9- | |
| OR | X40- | |
| OR | +135- | |
| OR | TOTAL | 355.00 |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY